

DELCO ELECTRONICS DIVISION
KOKOMO PLANT
700 EAST FIRMIN STREET
KOKOMO IN 46902



PERSONAL BENEFIT SUMMARY YOUR SHARE OF THE GM BENEFIT PROGRAM

PREPARED FOR:

Based on your personal data as of December 31, 1983

The benefit coverages provided for you are a measure of the Corporation's appreciation for your contribution to GM's outstanding success in 1983. This was a year we can all take pride in... a year of record sales and profits. As partners in GM's success, those profits now have been shared with our salaried employees.

As you study your 1984 Personal Benefit Summary, I feel confident the Corporation's continuing commitment to you as a member of our salaried workforce is evident.

Chairman

HEALTH CARE BENEFITS

Basic Medical Care

- 100% of semiprivate room, board, and other hospital charges for up to 365 days, or 730 days in an approved nursing facility.
- 100% of covered doctors' charges for surgery, obstetrics, anesthesia, hospital visits, and consultations.
- 100% of the charge in excess of \$3 for each covered prescription.
- 100% of the charges for outpatient hospital emergency care, laboratory services, x-rays, and certain other services.
- 100% of the charges for hearing aids, including tests to measure hearing loss. Also, an allowance is provided for tests to determine the appropriate hearing aid.

Dental Care

While you are actively at work, the plan pays:

- 100% of fees for examinations and cleaning, 90% for fillings, x-rays, and extractions, and 50% for bridgework, dentures, and teeth straightening. The maximum dental benefits are \$1000 per person per year, with a lifetime maximum of \$800 per eligible person for teeth straightening.

Vision Care

Benefits are provided for examination, lenses and certain frames. Your copayment for each covered individual during any 12 consecutive months generally will not exceed \$125 for covered services and materials.

Major Medical

For expenses not paid by your basic coverages:

- 80% of most remaining medical expenses which exceed the annual deductible amount of \$125 for you or an eligible family member, or \$250 for two or more eligible family members. Your total out-of-pocket cost (for other than outpatient psychiatric care, allergy treatment and chiropractic care) would not be more than \$1,125 per year for each individual, unless the \$50,000 maximum reimbursable amount per year for each individual is exceeded. There is no maximum on lifetime benefits.

YOU AND ELIGIBLE FAMILY MEMBERS ARE ENROLLED FOR
BASIC, DENTAL, VISION AND MAJOR MEDICAL COVERAGES.

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RETIREMENT BENEFITS

Through December 31, 1983, your credited service is 7 YEARS AND 1 MONTHS.

Your contributions are:

Prior to 7-1-77
7-1-77 to 10-1-79
After 10-1-79 \$399.96

If you work for GM until age 65 in 2018 your estimated monthly retirement income would be:

From the Retirement Program
—Noncontributory benefits \$792.00
—Contributory benefits \$1,546.00
From Social Security
—Yourself \$840.00
—Dependent spouse at age 65 \$620.00
Total Monthly \$3,598.00

Estimated retirement benefits are based on the assumption that your current pay will stay the same until retirement. Retirement payments are for your lifetime only (if you elect a survivor option, benefits would be reduced).

Estimates of your retirement income at other ages are available upon request from your Personnel Office.

Plus

If you retire from GM (except at employee option between ages 55 and 60 when your age and credited service total less than 65):

- You may take your Savings-Stock Purchase Program account in a lump sum, or convert your account to a lifetime annuity.
- Your health care coverage will be continued for your lifetime.
- A portion of your Life Insurance and Personal Accident Insurance may be continued for your lifetime. Optional Life Insurance may be continued until age 70.

* ASSUMES CONTINUED CONTRIBUTIONS TO AGE 65 AND NO. WITHDRAWALS

DISABILITY INCOME

Monthly Payments

If you become disabled you may be eligible to receive salary continuation and/or disability benefits of

\$3,171 PER MONTH FOR 15 WEEKS AND

\$2,043 PER MONTH FOR THE NEXT 40 WEEKS.

If you remain disabled, you may be eligible for continuing disability benefits from several sources, totaling

\$1,634 per month to age 38. Thereafter, you may be eligible for continuing Social Security benefits of \$790 per month plus GM retirement* benefits of per month payable for life.

In addition, if you have a dependent spouse and one or more children, they could receive up to \$395 per month from Social Security.

Plus

Depending on your eligibility and enrollment status, other benefits may be payable if you are totally and permanently disabled:

- Monthly installment payments of basic life insurance following expiration of extended disability benefits because you had less than 10 years of credited service when you became totally and permanently disabled.
- Monthly installments of Personal Accident Insurance.
- Entire account balance under GM Savings-Stock Purchase Program, including GM's contributions.

* PLUS ENTIRE EMPLOYEE STOCK OWNERSHIP ACCOUNT BALANCE.

* Retirement benefits are projected only for employees with ten or more years of credited service.

INCOME SECURITY

IF YOU ARE LAID OFF, YOU ARE ELIGIBLE FOR SEMI-MONTHLY PAYMENTS OF \$1,189.20 UNDER THE LAYOFF BENEFIT PLAN FOR 6 MONTHS. THEREAFTER,

YOU ARE ELIGIBLE FOR SEMI-MONTHLY PAYMENTS OF \$951.36 FOR 6 MONTHS.

THESE PAYMENTS WILL BE REDUCED BY UNEMPLOYMENT COMPENSATION TO WHICH

YOU ARE ENTITLED, STATE DISABILITY BENEFITS AND ANY GM PAY RECEIVED

AND 75% OF ANY EARNINGS RECEIVED FROM ANOTHER EMPLOYER OR FROM

SELF-EMPLOYMENT.

INVESTMENT PLANS

Savings-Stock Purchase Program

Total Value of your Account at the end of 1983*

U.S. Savings Bonds (at cost)

Diversified U.S.

Securities @

GM Common Stock @

Income Fund

Equity Index Fund @

Cash

Total

The statement below shows your account status. Shares of GM stock purchased with GM's contributions and with dividends on GM's contributions during 1981, 1982 and 1983 are subject to being "earned out" in accordance with the terms of the Program.

ANNUAL STATEMENT OF ACCOUNT

| | | Classes Earned Out | | Classes Not Earned Out | | TOTAL |
|--|--------------------------------|--------------------|------|------------------------|------|-------|
| | | Through 1980 | 1981 | 1982 | 1983 | |
| Your Savings | | | | | | |
| Purchased with Your Savings and earnings on Your Savings | 1. U.S. Savings Bonds | | | | | |
| | 2. Diversified U.S. Securities | | | | | |
| | 3. GM Common Stock | | | | | |
| | 4. Income Fund | | | | | |
| | 5. Equity Index Fund | | | | | |
| | Cash Balance Plus Interest | | | | | |
| Purchased with GM Contributions | GM Common Stock | | | | | |
| | GM Common Stock | | | | | |

Employee Stock Ownership Plan

The statement below shows your account status as of December 31, 1983. It includes shares of GM common stock purchased with any voluntary contributions you made, and with matching contributions made by GM, during 1983 for Plan Year 1982.

ANNUAL STATEMENT OF ACCOUNT

Shares Purchased With

| Plan Year | GM Automatic Contribution | Your Contribution | GM Matching Contribution | All Dividends | Total Shares |
|-----------|---------------------------|-------------------|--------------------------|---------------|--------------|
| 1975-1981 | 5,329.67 | | | 4637 | 5,760.4 |
| 1982 | 526.0 | | | 207 | 546.7 |
| Total | 6,822.7 | | | 4844 | 7,307.1 |

*Although the amount contributed by GM to match your voluntary contribution, if any, is the same, the number of shares allocated to your account may be different because the shares are purchased at different times at different market costs. For Plan Year 1982, you and GM contributed \$543.92. Based on the December 31, 1983 GM common stock price of \$54.32, the market value of your account was \$543.92.

Personal Retirement Income Plan

You may contribute up to \$2000 annually (\$2250 if you have a non-working spouse, \$4000 if you have a working spouse who earns at least \$2000 annually) to an Individual Retirement Account (IRA). Through the convenience of payroll deductions, you can make contributions to the Personal Retirement Income Plan, sponsored by Putnam Fund Distributors, Inc. The amount you contribute is deductible from your gross income for Federal tax purposes. If you enrolled in the Personal Retirement Income Plan an annual statement of your account has been provided to you by

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SURVIVOR BENEFITS

In the event of your death while employed by GM, the following payments would be made to your beneficiary:

Monthly Payments*

From the Insurance Program:

\$300 to an eligible survivor, for up to 24 months (\$175 if certain Social Security benefits are payable). Thereafter, your spouse who, upon your death, was 1) at least age 45, or 2) whose age, when added to your years of service, totals 55 or more, would be paid \$300 a month until the earlier of age 62, remarriage or entitlement to unreduced Social Security because of your death.

From the Retirement Program:

A noncontributory benefit **NOT CURRENTLY ELIG.** for your spouse's lifetime when Insurance Program survivor benefits are not payable or are waived.

B) Contributory benefits of **\$40 PER MONTH** would begin immediately for your spouse's lifetime in lieu of return of contributions.

From Social Security:

Social Security could pay a surviving spouse and children as much as **\$1,458 PER MONTH**.

*Assumes you have been married at least one year and your spouse is the same age as you.

Optional Dependent Insurance:

\$50,000 Life Insurance—spouse

\$10,000 Life Insurance—each child.

Contributory Personal Accident Insurance, which provides additional coverage for death, dismemberment, and certain other conditions resulting from bodily injury sustained in an accident, also is available to you.

Lump-sum payments

| | |
|-----------|----------------------------------|
| \$75,400 | Basic Life Insurance |
| \$188,300 | Optional Life Insurance |
| SEE CB | Savings-Stock Purchase Program |
| \$255 | Retirement Program contributions |
| \$543 | Social Security death payment |
| | EMPLOYEE STOCK OWNERSHIP |
| \$264,498 | Total |

Plus, if death is accidental:
Extra Accident Insurance
Extra Accident Insurance
(while on company business)

Plus

GM will pay for health care coverages for your spouse and eligible children if you die while actively employed provided you:

- 1) Elected the Retirement Program contributory surviving spouse option and had 10 years or more of credited service, or
- 2) Were eligible to retire voluntarily (except between ages 55 and 60 when your age and credited service total less than 65).

ADDING IT ALL UP

The combined GM Benefit Plans add significantly to the total pay you receive for the work you do. On an annualized basis,

| | |
|--------------------------|----------|
| YOUR SALARY IS | \$5,366 |
| COST OF LIVING ALLOWANCE | \$2,646 |
| BENEFITS INCLUDING | \$10,744 |
| FOR SOCIAL SECURITY | \$48,768 |
| TOTAL | |

YOU ARE ELIGIBLE FOR 3.0 WEEKS OF VACATION, AND 13 HOLIDAYS
IN 1984 AT A COST OF \$4,098 TO GM.

GM's cost for your benefits is even higher than indicated, because you enjoy many benefits for which costs have not been calculated for this statement. These include:

- Salary continuation payments
- GM layoff or separation allowance benefits
- Unemployment and Workers Compensation
- Suggestion Plan
- Tuition Refund Plan
- New Vehicle Purchase Program

This personal summary has been prepared for you based on information as of December 31, 1983. Every effort has been made to give you figures that are accurate and up to date.

Eligibility for benefits and the actual amount of payment under all of GM's plans that make up your benefit program must be determined under the legal documents that apply to each plan.

General Motors does not have access to your complete earnings records for Social Security purposes. Therefore, Social Security benefits in this statement are estimates only. If you earned less than the maximum amount subject to Social Security taxes, your Social Security benefits may be lower than the amounts shown above.